



ERC Order Form Educational Resources Center

DHEC Materials Library
2600 Bull Street
Columbia, SC 29201
Fax order to: Fax# 898-3800



Office Use

Requestor #: _____

Type: _____

Category: _____

Intended Use: _____

Date Received: _____ Date Needed: _____

Mail: _____ Pick - Up: _____ Date: _____ Time: _____

Requestor's Name: _____

Organization: _____

Occupation: _____

Mailing Address: _____
(Specify Street) _____

(City)

(State)

(Zip)

County: _____ Intended Use: _____

Phone: (_____) - _____

Quantity	Title#	Title
_____	ML# 020001	Helping Your Child's Cold Symptoms Brochure
_____	ML# 020002	Sometimes the Best Medicine is No Medicine Brochure
_____	ML# 020003	Fluid in the Middle Ear (Brochure)
_____	ML# 020012	Information for Child Care Providers and Parents Brochure
/Pads of 50	ML# 020005	Rx For Your Child's Viral Infection
/Pads of 50	ML# 020006	Rx For Your Child's Bacterial Infection
/Pads of 50	ML# 020007	School / Day Care Excuse
_____	ML# 020008	(White/Child) No No Mommy Poster
_____	ML#02008	(Black/Child) No No Mommy Poster
_____	ML#020009	(Hispanic/Child) No No Mami (Spanish Language) Poster

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